

6. Charges for telecommunications service:

Is there a monthly charge? No ☒ Yes ☐

If yes, how much is the charge? _____

Is there a usage-based charge? No ☒ Yes ☐

If yes, how much is the charge? _____

Is there a distance component (such as a per-mile fee) of the charge? No ☒ Yes ☐

If yes, how much is the charge? _____

Was there an installation fee? No ☒ Yes ☐

If yes, how much was the charge? _____

Is the charge the regular tariffed rate, or is there a discount from the telecommunications provider? Tariffed ☐ Discount ☐

If there is a discount, how much is it? _____

7. How does the project use telecommunications in the delivery of health care? (For example -- to send x-rays, distribute public health information, or perform video consultations. Please identify any occasional or episodic uses, such as might result from an outbreak of disease.)

CONSULTATIONSMEETINGS - TRAINING

8. Could the project provide the services it is currently providing with less bandwidth? What effect would a lesser level of bandwidth have? (The implications of using greater or lesser levels of telecommunications services are related to image transmission time. What would be the impact if the health care activities for which you now use telecommunications took twice as long, or if they could be completed in half the time?)

CURRENT SPEED IS SATISFACTORY. FASTER WOULD BE OF NO ADVANTAGE; HOWEVER, SLOWER WOULD NOT BE SATISFACTORY.

9. What would the implications of having a greater level of bandwidth be?

WE COULD CARRY DATA TRAFFIC OVER TELEMED LINES (I.E. NO COST).

10. Do you have e-mail? No ☐ Yes ☒

11. Do you have Internet access? No ☐ Yes ☒

If yes, do you incur long-distance charges by using it?

No ☒ Yes ☐

Please estimate your number of hours of Internet use per month:

100

12. If you have access to the Internet, please list any purposes other than e-mail (such as accessing databases such as Lexis/Nexis) for which you use it:

Q-PRAC PHYSICIAN DATA BASE

Questions to Address:

1. Name of project:

Tele - Radiology

2. Please list each of the project's sites:

Name of Site:

State in which it is located:

Perry County Memorial Hospital - Missouri
Perryville, MOSoutheast Missouri Hospital - Missouri
Cape Girardeau, MO

Please answer the following questions for each of your sites.
Use additional sheets if necessary.

3. What is the nearest city of population equal to or greater than 50,00 in your state, and approximately how far are you from its boundary?

City: Cape Girardeau Distance from city boundary: 25 miles

4. Name of the project's telecommunications service provider:

SWB

5. Level of telecommunications service the project is currently using: (For example, voice grade, 144 Kbps (ISDN), 384 Kbps, T-1 or equivalent)

ISDN

6. Charges for telecommunications service:

Is there a monthly charge? No ☐ Yes ☒If yes, how much is the charge? \$ 102 PER MONTHIs there a usage-based charge? No ☐ Yes ☒If yes, how much is the charge? 4¢/MINUTE/PER B CHANNEL AFTER THE FIRST 600 MINUTES OF USEIs there a distance component (such as a per-mile fee) of the charge? No ☐ Yes ☒If yes, how much is the charge? EUC L CHARGE OF \$5.85 PER MONTH PER B CHANNELWas there an installation fee? No ☐ Yes ☒If yes, how much was the charge? \$ 452.25 (LESS \$200 FOR ONE YEAR CONTRACT)Is the charge the regular tarrified rate, or is there a discount from the telecommunications provider? Tarrified ☒ Discount ☐

If there is a discount, how much is it? _____

7. How does the project use telecommunications in the delivery of health care? (For example -- to send x-rays, distribute public health information, or perform video consultations. Please identify any occasional or episodic uses, such as might result from an outbreak of disease.)

Send CATSCAN images via ISDN only

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THE SERVICE WOULD BE UN-ACCEPTABLE IF WE
WE HAD TO DECREASE THE BANDWIDTH TO USE
STANDARD PHONE LINES

9. What would the implications of having a greater level of bandwidth be?

IF GREATER BANDWIDTH WERE AVAILABLE, AT
AN ATTRACTIVE RATE, WE WOULD CONSIDER DOING
ADDITIONAL TELEMEDICINE SERVICES.

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11. Do you have Internet access? No ☐ Yes ☒

If yes, do you incur long-distance charges by using it?

No ☒ Yes ☐

Please estimate your number of hours of Internet use per month:

10

12. If you have access to the Internet, please list any purposes other than e-mail (such as accessing databases such as Lexis/Nexis) for which you use it:

Research